



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 8:21 am, Nov 10, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 30451	PRINTER SN 95.1111.053	DATE OF INSPECTION 11-03-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH		TIME OF INSPECTION 1545

CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG300201 EXP. DATE 01-02-2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .102

TEST 2 - .102

TEST 3 - .102

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	4	(0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	3	(OVER .19)	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME SCOTT GARY
TYPE II PERMIT NUMBER/EXPIRATION DATE 240301 07-22-2016	TELEPHONE NUMBER 816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 30-Sep-2013

**Lot #** AG326803

**Exp. Date**

25-Sep-2015

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

**Serial No.**

EB0010581

**Concentration**

391.8 ppm

EB0010570

259.8 ppm

EB0010285

209.0 ppm

EB0010561

103.7 ppm

EB0010881

52.22 ppm

**Serial No.**

EB0010603

EB0010559

EB0010596

EB0010562

EB0010579

**Concentration**

392.5 ppm

258.9 ppm

208.9 ppm

104.9 ppm

52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2013.09.30 10:52:32 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Analyst:**

Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03711

Temp Date Time 210L s/

Void: RTI

12 11/03/14 15:45

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03712

Temp Date Time 210L s/

Air Blank:

11/03/14 15:48 .000

Calibration Check:

21 11/03/14 15:48 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03714

Temp Date Time 210L s/

Air Blank:

11/03/14 15:53 .000

Calibration Check:

23 11/03/14 15:53 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03715

Temp Date Time 210L s/

Air Blank:

11/03/14 15:55 .000

Calibration Check:

23 11/03/14 15:55 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**SCOTT GARY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/22/2014

NUMBER 240301

EXPIRES 7/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 650-0771 (6-10)

LAB-4 (10-10)

 STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator GARY, SCOTT  
Permit No 240301  
Date Issued 7/22/2014 Date Expires 7/22/2016